## PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION (Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

Department	WMS-Rond 005 Your Department's Risk Management BARS Code: 150600 6200 54290 .46.0030
Employee Name Social Security Number	
Employee Completing Report	Division Section Fits
	RUSTIC WONES / KOAD OPS
	Work Address 13209 GOODNOVAN Dr. Work Phone 4975
Person Injured/Involved in the Accident or Incident	Name
	Home Address Home Phone
	Occupation
	Employed By: Work Phone
	What was the involved person doing at the time of accident or incident?
Date, Time and Place	Date 2 - / / - / / Time //2/30 (AM) PM (circle one)
	2 11 11 11 11 11 11 11 11 11 11 11 11 11
	Nature and extent of injury
The Injury	
	Why was injured on premises?
Property Damage or Theft of	Owner's Name WASHINGTON WATER Co. Home Phone
	Address - O Mort Phase
	List damage: WATER VALVE in Shoulder of ROAD
	Police Case #:
1	(Attach additional sheets if necessary.)
Description of Accident, Incident or Unsafe Condition	
	I WAS GRADING SHOULDER, AS IN
	PUSH AND PULLING GRAVEL.
	THE WATER STAND PIPE WAS
	BURIED WHEN GRADER BLAGE HIT IT.
	CAUSING WATER LINE TO Break.
	是是这种的自然,但是是这种的。 第一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就
	Locates Required? yes no Locate #:
Describe 1st Aid:  PARKS - Did person resume skating? yes no	
Witnesses	Name = S LANT 2 Address Wk Phone Hm Phone
	Name / Address Wk Phone Hm Phone
	Date, location and badge # or name of police authority to whom incident was reported:
Date	Signature of Department or Agency Head
1-11 X	The signature of repairment of Agency House
Return equals	posts that sugar
Return completed form to:	

955 Tacoma Avenue South, Suite 303
Tacoma, WA 98402





